

**ISSUE SLIP STAPLE AREA (for additional cross references)**

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	AX	10351	2/27
O.I.P.E. CLASSIFIER		5	2/28/99
FORMALITY REVIEW	WMS	100976	8-9-99

## INDEX OF CLAIMS

✓	Rejected	N	Non-elected
□	Allowed	I	Interference
—	(Through numeral) Canceled	A	Appeal
÷	Restricted	O	Objected

Claim		Date
Final	Original	
1	2	
2	2	
3	4	
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Claim	Date
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Claim		Date
Final	Original	
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**If more than 150 claims or 10 actions  
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